

Please type a plus sign (+) inside this box → ☐PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	99.501
	First Named Inventor	Petersen, D.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)
Examiner Name		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BONE GRAFT SUBSTITUTE COMPOSITION

the specification of which (Title of the Invention)

☒ is attached hereto
OR☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
			<input type="checkbox"/>	YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2] 3

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer Number Bar Code Label here

Name	Registration Number	Name	Registration Number
Larry W. McKenzie	28,239		
Russell H. Walker	35,401		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label OR ☒ Correspondence address below

Name	Larry W. McKenzie				
Address	Walker, McKenzie & Walker, P.C.				
Address	6363 Poplar Avenue, Suite 434				
City	Memphis	State	TN	ZIP	38119-4896
Country	USA	Telephone	901-685-7428	Fax	901-682-6488

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Donald W.	Petersen

Inventor's Signature					Date		
Residence: City	Lakeland	State	TN	Country	USA	Citizenship	USA
Post Office Address							
Post Office Address	9700 Wood Green Lane						
City	Lakeland	State	TN	ZIP	38002	Country	USA

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

+

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Warren O.				Haggards			
Inventor's Signature				Date			
Residence: City		Bartlett		State TN		Country USA	
Post Office Address				Citizenship		USA	
Post Office Address		6600 Stephan Ridge Drive					
City		Bartlett		State TN		ZIP 38134	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Donald A.				Randolph			
Inventor's Signature				Date			
Residence: City		Wheaton		State IL		Country USA	
Post Office Address				Citizenship		USA	
Post Office Address		1605 South Prospect Street					
City		Wheaton		State IL		ZIP 60187	
				Country		USA	
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle [if any])				Family Name or Surname			
Cary P.				Hagan			
Inventor's Signature				Date			
Residence: City		Germantown		State TN		Country USA	
Post Office Address				Citizenship		USA	
Post Office Address		8517 Farmington Cove					
City		Germantown		State TN		ZIP 38139	
				Country		USA	

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

0932761-060799

+

Re: Patent Application

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Donald W. Petersen, Warren O. Haggard, Donald A.
Randolph and Cary P. Hagan

For: BONE GRAFT SUBSTITUTE COMPOSITION

Docket No.: 99,501

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

POWER OF ATTORNEY AND
CERTIFICATE UNDER 37 C.F.R. § 3.73(b)

The undersigned, assignee of the entire interest in and to an application of Donald W. Petersen, Warren O. Haggard, Donald A. Randolph and Cary P. Hagan for U.S. Letters Patent for a BONE GRAFT SUBSTITUTE COMPOSITION, executed as of the _____ day of _____, 1999, and further identified by Docket No. 99,501, hereby appoints the following attorneys to prosecute this application and transact all business in the Patent and Trademark Office in connection therewith:

Larry W. McKenzie

Russell H. Walker

Registration No. 28,239

Registration No. 35,401

Send correspondence to:

Walker, McKenzie & Walker, P.C.

6363 Poplar Ave., Suite 434

Memphis, Tennessee 38119-4896

Direct telephone calls to Larry W. McKenzie at (901) 685-7428.

The below-identified Assignee certifies that it is the assignee of the entire right, title and interest in the patent application identified above by virtue of an Assignment from the Inventor(s), a copy of which is attached hereto.

1 The undersigned has reviewed all the documents in the chain of title of the
2 patent application identified above and, to the best of the undersigned's knowledge
3 and belief, title is in the Assignee identified below.

4 The undersigned (whose title is supplied below) is empowered to sign this
5 certificate on behalf of the Assignee.

6 I hereby declare that all statements made herein of my own knowledge are
7 true, and that all statements made on information and belief are believed to be true;
8 and further, that these statements are made with the knowledge that willful false
9 statements, and the like so made, are punishable by fine or imprisonment, or both,
10 under Section 1001, Title 18 of the United States Code, and that such willful false
11 statements may jeopardize the validity of the application or any patent issuing
12 thereon.

13 WRIGHT MEDICAL TECHNOLOGY, INC.,
14 Assignee

15 Date: _____

By: _____

16 Jason P. Hood
17 Assistant Secretary
18